

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 501.41519CX1	
		First Inventor H. Oaku, et al.	
		Title DISPLAY DEVICE SUBSTRATE AND DISPLAY DEVICE FORMED THEREWITH	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No.	

APPLICATION ELEMENTS SEE MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
-----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages: 52] <small>(preferred arrangement set forth below)</small> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages: 5] 5. Oath or Declaration [Total Pages: 4] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ACCOMPANYING APPLICATION PARTS	
9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Citations Statement (IDS)/PTO-1449 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: Letter, Claim For Priority and Credit Card Payment Form	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: **10/101,167**

Prior application information: Examiner: **M. Zimmer** Art Unit: **1712**

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number	020457	OR <input type="checkbox"/> Correspondence address below
Name ANTONELLI, TERRY, STOUT & KRAUS		
Address 1300 NORTH SEVENTEENTH STREET		
City ARLINGTON State VA Zip Code 22209		
Country UNITED STATES Telephone 703/312-6600 Fax 703/312-6666		
Name William I. Solomon	Registration No. (Attorney/Agent) 28,565	Date October 21, 2003
Signature <i>William I. Solomon</i>		

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

 03945 U.S. PTO
 10/688978

102103

15915 U.S. PTO
102103

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$770.00

Complete if Known

Application Number TBD
Filing Date October 21, 2003
First Named Inventor H. Oaku, et al.
Expected Examiner Name M. Zimmer
Expected Art Unit 1712
Attorney Docket No. 501.41519CX1

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number 01-2135

Deposit Account Name ANTONELLI, TERRY, STOUT & KRAUS

The Commissioner authorized to: (check all that apply)

☐ Charge fees indicated below ☐ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fees indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) 770

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	2	-20** = 0 x 18.00	= 0.00
Indep. Claims	1	-3** = 0 x 86.00	= 0.00
Multiple Dependent		290.00	= 0.00

Large Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	43	Independent claims in excess of 3
1203	280	2203	145	Multiple dependent claim, if not paid
1204	84	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 770.00

**or number previously paid, if greater; For Reissues, see above.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	0.00
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	0.00
1053	130	1053	130	Non-English specification	0.00
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	0.00
1804	920*	1804	920*	Requesting publication of SIR prior to Examination action	0.00
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	0.00
1251	110	2251	55	Extension for reply within first month	0.00
1252	410	2252	205	Extension for reply within second month	0.00
1253	930	2253	465	Extension for reply within third month	0.00
1254	1,450	2254	725	Extension for reply within fourth month	0.00
1255	1,970	2255	985	Extension for reply within fifth month	0.00
1401	320	2401	160	Notice of Appeal	0.00
1402	320	2402	160	Filing a brief in support of an appeal	0.00
1403	280	2403	140	Request for oral hearing	0.00
1451	1,510	1451	1,510	Petition to institute a public use proceeding	0.00
1452	110	2452	55	Petition to revive - unavoidable	0.00
1453	1,300	2453	650	Petition to revive - unintentional	0.00
1501	1,300	2501	650	Utility issue fee (or reissue)	0.00
1502	470	2502	235	Design issue fee	0.00
1503	630	2503	315	Plant issue fee	0.00
1406	130	1460	130	Petitions to the Commissioner	0.00
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	0.00
1806	180	1806	180	Submission of Information Disclosure Stmt	0.00
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	0.00
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
1801	750	2801	375	Request for Continued Examination (RCE)	0.00
1802	900	1802	900	Request for expedited examination of a design application	0.00
Other fee (specify) _____					0.00

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 770.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) William I. Solomon Registration No. 28,565 Telephone 703.312-6600
Signature [Signature] (Attorney/Agent) Date October 21, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: H. Oaku, et al.
Application No.: TBD
Filed: October 21, 2003
For: DISPLAY DEVICE SUBSTRATE AND DISPLAY DEVICE
FORMED THEREWITH
Expected
Group Art Unit: 1712
Expected
Examiner: M. Zimmer

LETTER

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

October 21, 2003

Sir:

The undersigned notes that the claims of the above-identified application are claims 1 and 2, which are the same as allowed claims 1 and 2 of Application No. 10/101,167, filed March 20, 2002, and are being submitted in the above-identified application in order to provide a proper non-provisional application.

Applicants will be filing a Supplemental Preliminary Amendment in the above-identified application, providing claims to be examined in the above-identified application. If this Supplemental Preliminary Amendment is not in the file of the above-identified application at the time that the Examiner takes up the above-identified application for substantive examination, the Examiner is respectfully requested to contact the undersigned to determine the status of such Supplemental Preliminary Amendment. The Examiner is thanked in advance for cooperating with

501.41519CX1

this request.

Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to the Deposit Account No. 01-2135 (Case No. 501.41519CX1), and please credit any excess fees to such Deposit Account.

Respectfully submitted,

ANTONELLI, TERRY, STOUT & KRAUS, LLP

A handwritten signature in black ink, appearing to read "William I. Solomon", with a long horizontal flourish extending to the right.

William I. Solomon
Registration No. 28,565

1300 North Seventeenth Street
Suite 1800
Arlington, VA 22209
Tel.: 703-312-6600
Fax.: 703-312-6666
WIS/sjg